

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

**Application Number::**

**Filing date::**

**Application Type::** Utility

**Title Line One::** SKYLIGHT SYSTEM

**Attorney Docket Number::** 31571-1001

**Request for**

**Non-Publication?::** Yes

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 3

**Small Entity?::** Yes

### APPLICANT INFORMATION

**Applicant Authority Type::** Inventor

**Primary Citizenship**

**Country::** US

**Inventor One Given Name::** Michael

**Middle Name::** J.

**Family Name::** Halliday

**City of Residence::** El Paso

**State or Province of**

**Residence::** Texas

**Country of Residence::** US

**Street of Mailing Address::** 3452 Dornock Street

**City of Mailing Address::** El Paso

**State or Province of**

**Mailing Address::** Texas

**Country of Mailing Address::** US

**Postal or Zip Code of Mailing  
Address::** 79925-2705

### CORRESPONDENCE INFORMATION

**Correspondence Customer**

**No.::** 005179

**Phone Number::** (505) 998-1500

**Fax Number::** (505) 243-2542

**E-Mail Address::** dpeacock@peacocklaw.com

## **REPRESENTATIVE INFORMATION**

**Representative Customer  
Number::** 005179

## **DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>Continuation of An application Claiming the Benefit Under 35 USC 119(e)</b>	60/444,128	1/31/2003

*[This application has no Assignee Data]*